DoD Policy:
Health Care

COMMANDERS DIGEST

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What's Ahead for Military Health Care — pg. 2

University of Health Sciences — pg. 7

U.S. Navy Photo

The National Naval Medical Center, Bethesda, Md., is typical of modern health facilities available to Service members.

Three-Part Program

Military Health for All-Volunteer Force

Revitalization of the professional health sciences within the Department of Defense is revolutionizing military health care and medical facilities. Soon it will have a direct effect upon an estimated 10 million Servicemen and women, retirees, and all of their eligible dependents, who now use DoD hospitals and outpatient clinics.

Dr. Richard S. Wilbur, M.D., then Assistant Secretary of Defense (Health and Environment), stated recently that there are a number of internal and external influences which have required changes in the DoD medical posture. Notable among them are the end of the conflict in Southeast Asia, the cutback in military manpower, the termination of the so-called "doctor draft" on July 1, and the impact of reductions in the DoD budget.

Not long ago, Dr. Wilbur told a professional group that, in light of the forthcoming All-Volunteer Force, the primary consideration of the Defense Department is the quality of health care to be provided. **It must be of the highest caliber.**

In order to enhance effectiveness and efficiency, an accelerated "modernization program of treatment facilities" has been initiated. Recognizing that the physical layout of many medical facilities interferes with the efficient delivery of health care, a budgetary program has been developed to renovate and replace needed medical facilities over the next five years at a cost of $1.9 billion. This construction program had originally been time-phased over a 20-year period.

The White House announced on September 13 that, "The President today accepted, with deep gratitude for his distinguished service, the resignation of Dr. Richard S. Wilbur as Assistant Secretary of Defense for Health and Environment. Dr. Wilbur was appointed to this position by the President on July 20, 1971, and is returning to private life. We do not have a successor to name at this time."

NEW GENERATION—A surgical team performs a thyroidectomy at Walter Reed General Hospital, Washington, D.C. The new Walter Reed General Hospital will be constructed simultaneously with the "new generation of military hospitals." The new generation facilities will provide the latest in advanced medical care and treatment.

U.S. Army Photo

In addition to improvement of current facilities, the Defense Department is in the initial planning phase of the "new generation of military hospitals." It is hoped that all the positive innovations of various health delivery aspects can be drawn into a single environment and, through complementary interaction, that they can provide a medical facility that maximizes the state of the art insofar as it applies to a medical facility. In this connection, the pilot facility is scheduled to be constructed at Travis Air Force Base, California. The target date for the opening of this test-bed facility is January 1978.

Inter-Service Cooperation

The third program, which is a joint effort of the three medical services, is a "tri-Service regionalization." Under this program, a strong determined effort is being put forth to insure that health care delivery be improved where possible by increasing productivity and operational efficiencies in specific geographic areas worldwide.

Although medical referral on an inter-Service basis has been done in the past, it was felt that the full potential concerning patient care and satisfaction had not been exploited. It was decided that geographic regionalization would provide maximum use of medical resources and increased patient satisfaction.

Principal officials of this program gathered in Washington in March of this year to discuss the status of "tri-Service regionalization" efforts made over the previous eight months and to evaluate progress toward stated objectives.

They found that the concept had proved eminently successful and developed plans for "tri-Service regionalization" on a worldwide basis, which could become effective later this year.

Peacetime Health Care

A primary concern of every commander rests on whether his directed mission can be accomplished satisfactorily with available resources. When his resources are unlimited, efficiency and economy may not be persuasive elements within the decision-making apparatus. On the other hand, limited resources demand effective policies that can assure maximum productivity.

Good health has always been of paramount importance in the accomplishment of the military mission. With the advent of an All-Volunteer Force, the availability of unlimited numbers of scarce health care professionals is no longer automatically guaranteed. The Defense Department is now forced to compete successfully in the marketplace for a fixed number of manpower resources alongside all other users.

Tri-Service regional medical planning is a new concept that will help to restructure the Defense Department's health delivery system in order that maximum operational efficiencies may be achieved. These efficiencies will result from decreasing the fragmentation of health resources and from improved utilization of more highly trained health professionals.

Traditionally, military health services

U.S. Air Force Photo

ALL-VOLUNTEER FORCE—A revitalization of the professional health services within DoD includes revolutionizing health care and medical facilities. With the All-Volunteer Force, high-quality professional care such as that being performed by Air Force Nurse Lieutenant Claudia Beadle at Wilford Hall USAF Medical Center, Lackland AFB, Texas, will continue to be available to military members and families.

have been organized around a command structure which offers three levels of care: outpatient (dispensary); routine inpatient (station hospital); and highly specialized care (referral hospital). This system has perpetuated an unequal and often disorganized distribution of health services in many instances. For example, medical facilities of two different Services can lie in close proximity—yet one may be well staffed and supported while the other is not.

Regionalization is an old concept in business but relatively new in medicine. In the former, it refers to the designation of territories for identifiable organizational entities within the company. Corporate management delegates responsibility for advertising, sales, and distribution on a regional basis. In this way, family firms evolved into national chains.

Medicine—which has operated traditionally in this country primarily as a cottage industry—has only recently considered organizing on a regional basis. The Regional Medical Program Amendments to the Public Health Service Act and the Comprehensive Health Planning Act have provided the necessary impetus to set initial efforts into motion regarding this concept in the civil sector.

Health manpower is also changing in its availability and training. A general medical officer-based military medical system has been maintained only by drafting physicians before they complete their specialty training. As the age of specialization has overtaken American medicine, the number of general practitioners has declined dramatically. Specialists and subspecialists are replacing the GMO as primary physicians. Thus, the professional staff make-up, on which "the military system" thrived during and immediately following World War II, is no longer a reality.

Today, internists, pediatricians and surgeons, who will become "your doctor," will require more sophisticated medical support. Specialists will offer high quality care in a hospital environment, but to do so they will need greater numbers of paramedical support personnel. This change, from general practitioners to specialists as primary physicians, has made the traditional military medical system antique. Each military medical service recognized the changing pattern of medical practice. Each responded by developing an intra-Service medical regionalization plan. Though differing slightly in design and scope, each plan dealt with the problems of rational allocation of its health resources. Even though there has been some degree of cross-utilization between Military Services, coordination of these levels of care has been primarily on an intra-Service basis.

New Approach

In the Fall of 1971, Dr. Wilbur began working with the Surgeons General of the three Military Departments to extend this concept to a "tri-Service regionalization" plan to be conceived in such a manner as to reduce significantly the duplication of health resources when more than one military medical service exists in a specific area. A test of four geographic regions was initiated in July 1972 by a memorandum from the Secretary of Defense. A regional coordinator, working with a subregional representative from each Service, was charged with allocating total health resources in the region. The conditions of that test called for persuasion and logic, rather than line authority as tools of implementation.

Minimizing the fragmentation of health resources resulting from a single Service planning-approach is the major objective of regionalization. A "tri-Service" coordinating group was established to ensure an awareness of total area ca-

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pabilities and demand. Individual Services have been limited in medical planning by the requirement to weigh only their own individual medical needs. Their plans often did not take into account capabilities of other military facilities. This policy has provided an environment where duplication at inefficient utilization levels can flourish. While many individual efforts have culminated in the negotiation of inter-Service agreements, a recognized need to formalize and expand these endeavors has existed.

This new regionalization program has proven to be an apparatus whereby "tri-Service" cooperation and communication is accelerated toward the achievement of maximum efficiencies and the provision of quality health services within a specific area and with a fixed quantity of health resources. It was an effort neither to centralize all health services nor to threaten the integrity of individual Military Services or command prerogatives. The program provides an area-forum for innovative ideas on how to improve health services. Economical utilization of health resources has resulted in greater good to the military population served as well as to the entire peacetime military health delivery system.

It was the consensus of the Surgeons General after a nine month trial, and at the conclusion of a March 1973 meeting of the Military Medical Region Coordinators, that the test was successful in validating regionalization of the Armed Forces Medical Services as a viable concept. Implementation of an Armed Forces Regional Health Services System throughout the continental United States was scheduled to begin in August 1973, or soon thereafter. Expansion of this concept to Europe, Japan, Hawaii and Alaska will follow.

DoD Health Goal

The health goal of the Defense Department is to provide the highest possible quality of care by a totally voluntary, professionally satisfied, efficient and effective medical service to all for whom the Services are responsible. All other goals are secondary, however, to the delivery of quality care. Economy at the expense of patient care, physicians' satisfaction or the achievement of military missions is not the intent of regionalization.

Military medicine—indeed, American medicine—has a great history and today finds itself on the brink of a new era for which regionalization holds great promise for final attainment of desired objectives.

New Generation Of Military Hospitals

The "new generation military hospital" project was initiated in September 1968 by the Secretary of Defense as one of several projects contributing to the solution of problems having direct benefit to military requirements and, by demonstration, to the private sector.

This particular study was intended to seek solutions to the overall high cost of providing medical care. It was considered that the cooperative approach of industry and the Department of Defense can be applied to hospital construction and health care services in the same manner that it is applied to the development and procurement of complex Defense systems.

To implement the project, the Secretary approved a plan prepared by the Office of the Deputy Assistant Secretary of Defense (Health and Medical) which had been coordinated with, and concurred in, by the Director, Defense Research and Engineering, and the Assistant Secretary of Defense (Installations and Logistics). This plan proposed a two-phase project:

Phase One. Proposals were received, and after screening by a review panel, separate interviews with presentations were conducted. Final selection was made by the panel on June 24, 1969.

Phase Two. At the April 15, 1971, meeting of the Defense Hospital Review Board, alternative sites for the "new generation military hospital" were conducted. Travis Air Force Base hospital in California was selected from among those nominated and considered for this project.

The decision was based on bed-size, outpatient load, and the expectation that the facility could be included in the FY 1974 military budget request.

By memorandum of June 14, 1971, the Assistant Secretary of Defense (Health and Environment) advised the Assistant Secretary of Defense (Installations and Logistics) that Phase One was completed and noted that the responsibility of Phase Two would belong to the ASD (I&L).

VETERINARY MEDICINE—Included in the Armed Forces Health Professions Scholarship Program will be veterinary medicine. The participants, both men and women, will be appointed second lieutenants or ensigns in the Reserve components of the U.S. Armed Forces.

U.S. Air Force Photo

The health facilities modernization program, as proposed by the Secretary of Defense, makes it possible to replace or upgrade all military hospitals and clinics to comparable civilian standards in five years. This effort would have taken an estimated 20 years at the previous replacement/modernization rate.

The necessity for such a massive effort over a five-year period was based on the realization that an All-Volunteer Force is dependent, in part, on the ability of the Defense Department to attract and hold the required professional and paramedical health staff. Recognizing that fewer doctors will be available, officials knew that existing health care facilities and health delivery systems must be modified to make maximum use of the available talent without a deterioration in the quality of care.

The major shift in the health delivery system has been to more outpatient care visits, due in part to a greater awareness of and demand for health care, new medications, increased specialization and continuous improvement in medical techniques and diagnostic procedures.

Changes in the national fire and safety standards require major system changes to meet the code standards and to achieve hospital accreditation. Replacement is required for most hospitals constructed during or before World War II.

This program will make maximum use of new techniques in both construction and the delivery of health care developed for the "new generation of military hospitals" and the Army's new Walter Reed General Hospital, Washington, D.C.

How Modernization Works

The program is based on replacing or modernizing the oldest facilities first on those installations identified by the Military Departments as stable. This will insure that the total expected population has been determined before the construction planning has been started and that the facility can support it. The program's main thrust will be to improve the ambulatory care facilities and to enhance both the quality and quantity of care provided.

The estimated cost of the modernization effort over the next five years approaches $2 billion and should insure a Defense Department medical facility system comparable to a modern civilian community health care system.

Although the modernization program, the "new generation of military hospitals," and construction of the new Walter Reed General Hospital will be proceeding simultaneously, valuable benefits have been realized that will be incorporated as applicable in the facilities affected by the Defense Secretary's program. Additional health systems and programs that are currently under test will be evaluated by the Military Departments during the planning cycle.

Examples of these are: the automated medical outpatient system at Fort Belvoir, Virginia; the Automated Laboratory System at William Beaumont General Hospital at Fort Bliss, Texas; and the Central Dictation Pool for Outpatient Records at the U.S. Naval Hospital, Bremerton, Washington.

Innovative systems in other Federal and civilian hospitals will also be thoroughly evaluated.

Valuable systems or programs already derived from the "new generation of military hospitals" and/or the new Walter Reed General Hospital include:

- Unit dose and additive programs for the pharmacy;
- Materials handling systems;
- The physician's assistant;
- The nurse clinicians and mid-wives;
- The problem-oriented health record;
- Life cycle costing;
- Modular construction with maximum use of large open space;
- Interstitial space;
- Convenience foods; and
- Automated central service.

Ongoing new generation studies for a "demand model" (a system to identify the population to be served) and a hospital space criteria evaluation are expected to provide additional planning guidance.

The program for the five years FY 1975 through FY 1979 is as follows:

(The program estimation includes equipment and design costs for the Army and Navy only.)

	ARMY	NAVY	AIR FORCE
	$ in millions		
FY 1975	173.1	153.2	175.1
FY 1976	154.3	127.0	92.4
FY 1977	175.6	206.9	65.5
FY 1978	171.3	178.0	45.5
FY 1979	22.7	122.0	53.0

U.S. Navy Photo

HEALTH CARE—The Military Services have recognized the change from general practitioner to specialists in medical facilities. Keeping this change in mind, each Service has developed an intra-Service medical regionalization plan dealing with the allocation of its health resources.

For Military Members

Uniformed Services University of Health Sciences

The Uniformed Services Health Professions Revitalization Act of September 21, 1972, authorized the establishment of a Uniformed Services University of the Health Sciences to educate military members in the health professions and maintain the high standards of health care by the medical services.

The term, "Uniformed Services," covers not only the four Military Services within the Department of Defense—Army, Navy, Marine Corps and Air Force—but also the Coast Guard of the Department of Transportation, plus the commissioned officer corps of the Public Health Service and the National Oceanic and Atmospheric Administration.

The university will be established within a 25-mile radius of Washington, D.C., at a site to be selected by the Secretary of Defense, with the authority to grant appropriate advance degrees. It shall be so organized as to graduate not less than 100 medical students annually, with the first class graduating not later than September 21, 1982.

U.S. Navy Photo

INTERN—Navy Lieutenant Theresa Crenshaw, an intern at Balboa Naval Hospital, California, prepares a syringe for a liver biopsy. Participation in the Armed Forces Health Professions Scholarship Program includes internships and residencies. Interns and residents will not incur an additional service obligation for their training performed in an active duty status in a military facility or in a inactive status in a civilian facility.

The business of the university will be conducted by a Board of Regents. The board will appoint a dean for the university and employ faculty members to operate the university. In addition, the board may establish post-doctoral, post-graduate technical institutes and programs in continuing education for health professionals.

Members of the Board of Regents, appointed by the President and confirmed by the U.S. Senate, are:

David Packard, Chairman (2-year term)

Lieutenant General Leonard D. Heaton, M.D. (USA Retired) (2-year term)

Malcolm C. Todd, M.D. (2-year term)

Anthony R. Currerri, M.D. (4-year term)

Charles E. Odegaard, Ph.D. (4-year term)

Joseph D. Matarazzo, M.D. (4-year term)

H. Ashton Thomas, M.D. (6-year term)

Durwood G. Hall, M.D. (6-year term)

Alfred A. Marquez, M.D. (6-year term)

The Honorable Richard S. Wilbur, M.D.
Assistant Secretary of Defense (Health and Environment) (Ex-officio with vote)

Lieutenant General Hal B. Jennings Jr., M.D.
The Surgeon General, U.S. Army (Ex-officio with vote)

Vice Admiral D. L. Custis, M.D.
The Surgeon General, U.S. Navy (Ex-officio with vote)

Lieutenant General Robert A. Patterson, M.D.
The Surgeon General, U.S. Air Force (Ex-officio with vote)

Students will be selected by procedures prescribed by the Board of Regents which will emphasize the basic requirement that students demonstrate sincere motivation and dedication to a career in the Uniformed Services. Students will be commissioned officers and will serve on active duty in the pay grade of 0-1 (second lieutenant or ensign) with full pay and allowances while in training.

Graduates of the medical school shall be required to serve on active duty for at least seven years after graduation, exclusive of time spent in intern and residency programs. Not more than 20 percent of each class may perform Federal health duty for seven years in lieu of service in the Uniformed Services.

Health Professions Scholarship Program

The Armed Forces Health Professions Scholarship Program, enacted September 21, 1972, as part of the Uni-

formed Services Health Professions Revitalization Act, provides the impetus to obtain additional numbers of commissioned officers on active duty who are qualified in designated health professions.

The program provides for a total of 5,000 scholarships at any one time and will enable eligible persons to attend accredited educational institutions that provide training in health professions. Initially approved health training programs will cover medicine (including osteopathic medicine), dentistry, veterinary medicine, optometry, podiatry, and psychology at the Ph.D. level. Participants in the program will be appointed second lieutenants or ensigns in the Reserve components of the U.S. Armed Forces. Scholarships will be available to both men and women.

To become eligible to participate in the Armed Forces Health Professions Scholarship Program a person must:

- Be a citizen of the United States;
- Meet the requirements for appointment as a Reserve commissioned officer;
- Be enrolled in an accredited educational institution in a designated health professions training program; and
- Sign a contractual agreement.

The basic elements included in the contractual agreement are:

- Complete the educational phase;
- Accept an appropriate reappointment or designation in his health profession;
- If selected, participate in an internship of his Military Service, or remain on an inactive status to complete equivalent training at a civilian institution;
- If selected. participate in a residency program;
- Participate in prescribed military training; and
- Complete the Service obligation.

Interns and residents will not incur an additional Service obligation for internship or residency training, whether performed in an active duty status in a military facility or in an inactive duty status in a civilian facility, if they have at least two years of a Military-Service commitment remaining upon completion of the residency. Participants who do not have two years of their original commitment remaining must extend their commitment to meet the required two years of service obligation following completion of the training program.

Participants must complete an active duty obligation consisting of a minimum of two years, computed on the basis of 12-months obligation for each academic year (12 months or less) upon completion of the training program.

The time required to complete either an internship or residency training program is not credited toward fulfillment of the participant's active duty obligation. Regardless of any higher Reserve grade held, members of the program are required to serve on active duty in the grade of second lieutenant or ensign with full pay and allowance in that grade for a period of 45 days during each year of participation in the program. This active duty period may be at the school the person is attending, if a detail elsewhere would interrupt his academic training.

U.S. Navy Photo

DENTAL—Under the Armed Forces Health Professions Scholarship Program, 5,000 scholarships will enable eligible persons to attend accredited educational institutions providing training in health professions. The training includes dentistry, medicine, veterinary medicine, optometry, podiatry, and psychology at the Ph. D. level.

Members of the program receive a stipend of $400 a month except during the 45-day period in which they are receiving full pay and allowances of a second lieutenant or ensign. Excluding room and board, participants are entitled to all educational services. Educational expenses are limited to those expenses normally incurred by health profession students at the same institution who are not members of the program. Expensive items of equipment may be rented at Government expense or issue of such items as Government equipment may be provided on a hand receipt basis, if appropriate.

The Military Departments have developed implementation procedures for administration of the Armed Forces Health Professions Scholarship Program. Health profession students and accredited civilian educational institutions may obtain complete information on the details of this program by writing to:

Office of the Surgeon General
Department of the Army
Attn: DASG-PTP
Washington, D.C. 20314

Chief, Bureau of Medicine and Surgery
Department of the Navy
Attn: Code 3
Washington, D.C. 20390

Air Force Military Personnel Center
Attn: SGS
Randolph Air Force Base, Texas. 78148

When writing to the Military Departments, students should indicate a first, second, and third choice of Military Service. This affords some flexibility in selection, should a scholarship vacancy not exist in the first choice of Military Service.

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